

## STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS  
UNITED STATES PATENT AND TRADEMARK OFFICE  
WASHINGTON, D.C. 20231  
www.uspto.gov



E. Sheet

CONFIRMATION NO. 8122

|                             |                                       |              |                        |                                   |
|-----------------------------|---------------------------------------|--------------|------------------------|-----------------------------------|
| SERIAL NUMBER<br>09/437,535 | FILING DATE<br>11/10/1999<br><br>RULE | CLASS<br>280 | GROUP ART UNIT<br>3619 | ATTORNEY<br>DOCKET NO.<br>ATI-207 |
|-----------------------------|---------------------------------------|--------------|------------------------|-----------------------------------|

## APPLICANTS

DAVID S BREED, MORRIS COUNTY, NJ;

WILBUR E DUVALL, KIMBERLING CITY, MO;  
WENDELL C JOHNSON, SAN DIEGO, CA;

\* CONTINUING DATA \*\*\*\*\*

*see page 1*

FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 12/16/1999

|   |                           |                         |                       |                            |
|---|---------------------------|-------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no   | STATE OR<br>COUNTRY<br>NJ | SHEETS<br>DRAWING<br>22 | TOTAL<br>CLAIMS<br>36 | INDEPENDENT<br>CLAIMS<br>4 |
| 35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                           |                         |                       |                            |
| Verified and Acknowledged<br>Examiner's Signature _____ Initials _____  |                           |                         |                       |                            |

## ADDRESS

22846  
BRIAN ROFFE, ESQ  
366 LONGACRE AVENUE  
WOODMERE, NY  
11598

## TITLE

METHOD AND APPARATUS FOR CONTROLLING DEPLOYMENT OF A SIDE AIRBAG

|                               |   |  |
|-------------------------------|---|--|
| FILING FEE<br>RECEIVED<br>791 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees                              |
|                               |   | <input type="checkbox"/> 1.16 Fees ( Filing )                  |
|                               |   | <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) |
|                               |   | <input type="checkbox"/> 1.18 Fees ( Issue )                   |
|                               |   | <input type="checkbox"/> Other _____                           |
|                               |   | <input type="checkbox"/> Credit                                |